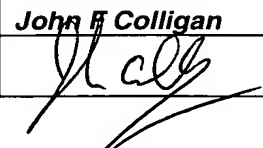


17119 U.S. PTO
121303

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|---|---|
| UTILITY PATENT APPLICATION TRANSMITTAL | Application No.: To b assign d Filing Date: Concurr ntly h r with Attorney Docket No.: US20020356 Inventor Name(s): Thomas Haft t al. Title: DISHWASHER LIQUID DELIVERY SYSTEM Express Mail Label No. EV118532648 US |
|---|---|

22390 U.S. PTO
10/734332
121303

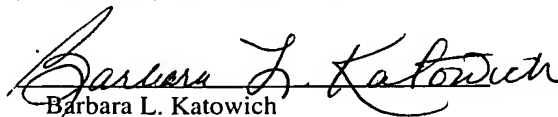
| | | | |
|---|--|-----------|-------------------------------------|
| APPLICATION ELEMENTS | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents Alexandria, VA 22313-1450 | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Patent Application data Entry Form <input checked="" type="checkbox"/> Specification comprising (18) pages, (26) claims. <input checked="" type="checkbox"/> Drawings (Five) (5) sheets <input checked="" type="checkbox"/> Declaration and Power of Attorney | | | |
| ACCOMPANYING APPLICATION PARTS | | | |
| <input checked="" type="checkbox"/> Assignment Papers (cover sheet and document(s)) | | | |
| <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | | | |
| <input type="checkbox"/> Copies of IDS citations | | | |
| <input type="checkbox"/> Preliminary Amendment | | | |
| <input checked="" type="checkbox"/> Return Receipt Postcard | | | |
| <input type="checkbox"/> Other: | | | |
| IF A CONTINUING APPLICATION | | | |
| <input type="checkbox"/> Non-Provisional of Provisional <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No: Filed: | | | |
| CORRESPONDENCE ADDRESS | | | |
| Name | WHIRLPOOL PATENTS COMPANY – MD 0750 | | |
| Address | 500 Renaissance Drive Suite 102 | | |
| City | St. Joseph | State | Michigan Zip Code 49085 |
| County | Berrien | Telephone | 269-923-6439 Fax 269-923-5778 |

| | | | |
|-----------|---|------------------|----------|
| Name | John F Colligan | Registration No. | Date |
| Signature |  | 48,240 | 12/12/03 |

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Commissioner for Patents, Alexandria, VA 22313-1450.

Date: 12-12-03


 Barbara L. Katowich

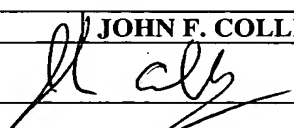
FEE TRANSMITTAL FORMTotal Amount of Payment **\$878.00**

Application No.: To be assigned
 Filing Date: Concurrently herewith
 Inventor(s): Thomas Haft et al.
 Title: DISHWASHER LIQUID DELIVERY
 SYSTEM
 Attorney Docket No.: US20020356

| CLAIMS AS FILED - PART I | | | OTHER THAN SMALL ENTITY | | |
|--------------------------|-----------------|-----|-------------------------|----------|----------|
| | Number Filed | | Number Extra | Rate | Fee |
| Basic Fee | 1 | | 0 | \$770.00 | \$770.00 |
| Total Claims | 26 | -20 | 6 | x \$18 = | \$108.00 |
| Independent Claims | 2 | -3 | 0 | x \$86 = | 0 |
| TOTAL FEE = | | | | | \$878.00 |

| CLAIMS AS AMENDED - PART II | | | | | | |
|-----------------------------|---|-------|---|------------------|------|-------------------|
| AMENDMENT A | Claims Remaining After Amendment | | Highest Number Previously Paid For | Present Extra | Rate | Additional Fee |
| Total | | Minus | 20 | | \$18 | |
| Independent Claims | | Minus | | | \$86 | |
| TOTAL FEE = | | | | | | \$ |

| AMENDMENT B | Claims Remaining After Amendment | | Highest Number Previously Paid For | Present Extra | Rate | Additional Fee |
|--------------------|---|-------|---|------------------|------|-------------------|
| Total | | Minus | 20 | 0 | \$18 | 0 |
| Independent Claims | | Minus | 3 | 0 | \$86 | 0 |
| TOTAL FEE = | | | | | | 0 |

| | | | |
|---------------|---|--|-------------------------|
| SUBMITTED BY: | | | |
| Name | JOHN F. COLLIGAN | | Registration No. 48,240 |
| Signature |  | | Date: 12/12/03 |

Charge Deposit Account No. **23-1660** in the amount of **\$878.00**

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account **23-1660**.